



KMPDC
Enhancing Quality Healthcare

LEVEL 5B
CHECKLIST FOR THE CATEGORIZATION OF FACILITIES
SECTION A: FACILITY INFORMATION

REGISTRATION/ GAZETTED NAME	
Master facility no:	Registration No.
Physical location	Current License:
County	Contact details:
Sub-County	Name of contact:
Ward	Qualification of contact person:
Address	Code:
Town/Market	Phone Number:
Building/Plot no	Email:
Current facility level	
Facility ownership	Government/Public entity <input type="checkbox"/> Faith based <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>
Catchment population	
Monthly outpatient workload	
In patient bed capacity	
Description of location (prominent landmark)	
Facility level description	A secondary referral hospital that provides the services of a level 4 facility. It is eligible to be an internship training centre for medical and dental practitioners and other health professionals. It may serve as a research centre as well as teaching hospital for all health professionals. The focus is on comprehensive specialised, curative and rehabilitative care.



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List of services	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.



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SECTION B: MANDATORY REQUIREMENTS

<i>Does the facility offer any of the following service? Yes -2, Partial – 1, No – 0</i>				
1. Separate OPD and Emergency Department				
2. Minimum 60 in-patient beds.				
3. Should have equipment to support all major specialties of medicine or dentistry.				
4. A functional ICU				
5. A functional HDU				
6. At least 3 functional theatres				
7. General medical/dental specialist in all major fields (at least 4 fulltime)				
8. At Least one Anaesthesiologist				
9. At least one Critical care specialist				
10. Medical officers (at least 1 for every 10 inpatients)				
11. CSSD				
12. Radiology and imaging services				
13. Differentiated Pharmacy services to include main, outpatient and ward-level pharmacy				
14. Mortuary and Autopsy services				
15. Training Centre for medical and dental students, Interns, specialists and sub specialists				
16. ACLS ambulance				
17. Advanced life support				
18. Quality Improvement Systems (e.g. Quality improvement teams and				



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policies)				
TOTAL	/36			

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SECTION C: SERVICES OFFERED				
<i>Does the facility offer any of the following service? Yes -2, Partial - 1, No – 0</i>				
	YES	PARTIAL	NO	REMARKS
1. Management of medical, surgical, paediatric, Neonatal, obstetric & gynaecological inpatients and outpatients				
2. Advanced life support;				
a) Automated External Defibrillator (AED)				
b) Intubation set				
c) ALS ambulance				
3. Management of;				
a) High-risk pregnancies obstetric & gynaecologic complications				
b) Pre-term labour Caesarean sections				
c) Pelvic inflammatory disease (PID)treatment)				
4. Management of surgical and medical emergencies				
5. Surgical procedures				
a) Emergency				
b) Elective				
6. Radiology and imaging services				
7. 24 hours laboratory services of Lab class E with a KMLTTB license displayed with decontamination				



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wash area				
8. 24-hour pharmacy services (Inpatient and outpatient)				
9. Provides:				
a) Highly effective Anti-Retroviral Therapy (HAART);				
b) Antiretroviral (ARV) prophylaxis for children born of HIV +ve mothers				
c) Tuberculosis management				
10. Mortuary & autopsy service				
11. Pathology services				
12. Chemotherapy and Radiotherapy				
13. Renal dialysis				
14. MCH /FP services				
15. Dental service.				
16. ENT services				
17. Ophthalmology services				
18. Nutrition services				
19. Palliative care				
20. Rehabilitative services				
a) Physiotherapy				
b) Speech therapy				
c) Occupational therapy				
d) Orthopaedic services				
21. Biomedical engineering				
TOTAL:				/64

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SECTION D: FACILITY INFRASTRUCTURE				
	YES	PARTIAL	NO	REMARKS
1. Signage with:				
a) Name of facility				
b) Mission and Vision				
c) Displayed list of services to be offered				
d) Displayed service charter				
e) All licenses displayed (facility, laboratory, radiology and pharmacy)				
2. Outpatient Department with the following:				
a) Reception/ waiting area/Customer care				
b) Pay point (Teller)				
c) 4 consultation rooms each with:				
d) 1 table				
e) 3 chairs				
f) Examination couch covered with a mackintosh				
g) Handwash basin with running water and soap				
i. Colour coded Pedal bins with corresponding bin liners.				
i. Black				
ii. Yellow				

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iii. Red				
h) Sharps safety box				
i) Stethoscope				
j) Tongue depressors				
k) Pulse oximeter				
l) Thermometer(accessible)				
m) Weigh scale (accessible)				
n) Foot stepper				
o) Examination light				
p) Diagnostic set				
q) Pen torch				
r) Privacy screen				
3. At least two (2) treatment room each with:				
a) Observation couch covered with a mackintosh				
b) Foot stepper/step stool				
c) Oxygen cylinder and flowmeter/ oxygen concentrator				
d) Functional portable examination light				
e) Handwash basin with running water and soap				
f) Privacy screen if required				
g) Drip stand				
h) Nebulizer				
4. Procedure room each with:				
a) Examination couch – covered with a mackintosh				
b) Oxygen cylinder and flowmeter/ oxygen concentrator				
c) Foot stepper				
d) Drip stand				
e) Colour coded Pedal bins with corresponding bin liners.				



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i. Black				
ii. Yellow				
iii. Red				
f) Sharps Safety Box				
g) Colour coded decontamination buckets				
h) Cabinets or shelves				
i) Procedure trolley				
j) Suction machine				
5. Triage room each with:				
a) Table				
b) Chairs				
c) Adult/paediatric weighing scale				
d) stadiometer				
e) Blood pressure machine				
f) Pulse oximeter				
g) Thermometer				
h) MUAC tape				
i) Handwash basin with running water and soap				
j) Glucometer				
k) Colour coded Pedal bins with corresponding bin liners.				
l) Black				
m) Yellow				
n) Red				
o) Sharps safety Box				
6. Accident and Emergency department with:				
a) Ambulance Bay				
b) Receiving area				
c) Resuscitation area				



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d) Acute Treatment area				
e) Triage area				
f) Nursing station				
g) Portable X-ray machine				
h) Continuous Positive Airway Pressure (CPAP) machine				
i) Trolley Bay				
j) Cloak room				
k) Store for consumables				
l) Observation couch with mackintosh cover				
m) Foot Stepper/ step stool				
n) Oxygen source: oxygen cylinder and flow meter/ oxygen concentrator/ piped oxygen				
o) Suction machine				
p) Emergency tray MUST have adult and paediatric intubation set				
q) Nebulizer				
r) Automated External Defibrillator				
s) Examination light				
t) Handwash basin with running water and soap				
u) Client waiting area				
7. Dental Unit with at least 3 functional dental chairs				
8. Counselling room				
9. Specialised clinics / Units				
a) Paediatrics unit				
b) Internal Medicine unit				



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c) Gynaecology				
d) Mental Health				
e) Dermatology				
f) TB, HIV, and Chronic illnesses				
10. At least three functional theatres two major and one minor				
a) Receiving area				
b) Pre-operative area				
c) Post-operative area				
d) Oxygen source (Piped and Cylinder)				
e) Anaesthetic machine				
f) Scrubbing area				
g) Changing rooms for both male and female				
h) Sluice room				
i) Store for Linen				
11. Radiological and imaging infrastructure including:				
a) X-ray				

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b) Mammography				
c) CT- Scan				
d) MRI				
e) OPG				
f) Ultrasound				
g) Endoscopy and colonoscopy unit				
h) Other, Specify				
12. ICU with 6 beds (adult, paediatric and neonatal);				
Each bed should have.				
a) A multichannel patient monitor;				
b) A ventilator;				
c) An infusion pump				
d) Oxygen source preferably piped				
e) Portable light source				
f) A ripple mattress				
g) Piped oxygen supply				
h) Continuous Positive Airway Pressure (CPAP) machine				
In addition to these the ICU should have				
a) A nursing station				
b) Changing rooms				
c) Blood gas analyser				
13. One high dependency unit with 4 beds				
Each bed should have;				



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a) A patient monitor				
b) An infusion pump				
c) Oxygen source preferably piped				
d) Portable light source				
e) A ripple mattress				
f) Piped oxygen supply				
In addition to these the HDU should have				
a) A nursing station				
b) Changing rooms				
c) Blood gas analyser				
d) Emergency trolley (Intubation set and AED)				
14. Inpatient with separate wards for various speciality departments with:				
a) Nursing Station				
b) Treatment room				
c) Drug cabinet				
d) Sluice room				
e) Ablution services				
f) Covered patient walkways				
15. Biomedical engineering unit (can be contracted or outsourced- valid contract seen)				
16. Physiotherapy and occupational therapy infrastructure and equipment				
17. Disability-friendly infrastructure;				
a) Ramp (25°-30° incline with rails on both sides, non-slip floor)				



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b) Lifts dedicated for patient use.				
c) Accessible washrooms				
18. Orthopaedic and plaster equipment				
19. Mortuary at least 20 bodies (10% of inpatient capacity)				
20. Water storage tanks (at least 20,000 litres)				
21. Waste management system (NEMA Approved) which may include incinerator, microwave, compost pit, placenta pit, OR Valid service contract with NEMA Approved medical waste disposal company				
22. At least 2 utility vehicles				
23. ACLS ambulance (Four wheel drive)				
24. Kitchen;				
a) Receiving area				
b) Store for dry ration				
c) Store for perishable items				
d) Freezer				
e) Caterer's office				
f) Central cooking area				
g) Serving area				
h) Cooking area fitted with a Chimney hood and cooking pots				

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i) Vegetable preparation area				
j) Crockery area				
k) Good drainage				
l) Running water at different point				
m) Food trolleys				
n) Washing area				
o) Gas cookers LPG				
p) LPG area outside the main kitchen area in a secure and well-ventilated compartment				
q) Meat preparation area				
r) Male and female toilets				
s) A waste segregation area				
25. Drug store for pharmaceutical and non-pharmaceutical				
a) Shelves				
b) Security				
c) Lockable cabinets				
d) Secure Damp proof but well ventilated				
e) Hand wash basin with running water and soap in the office				
f) DDA cabinets				
26. Security systems				
a) CCTV with a backup system				
b) Secure fence and gate				
c) Alarm system				
27. Infrastructure and equipment for class E laboratory				
a) Phlebotomy/specimen				



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collection area				
b) Health records office/LIMS				
c) Cold chain				
d) Blood Transfusion Services				
e) A decontamination area				
f) 2 Handwashing basin per section				
a) Colour coded Pedal bins with corresponding bin liners. i. Black ii. Yellow iii. Red				
g) Sharps safety box				
28. Administration department with various offices				
29. On call rooms for at least 4 staff				
30. Ablution block				
a) 1 toilet and 1 bathroom for every 6 inpatient per gender				
b) Staff toilet and bathroom at least 1 for each 6 staff per gender				
31. Power supply				
a) Electricity (main supply)				
b) Back-up power supply				
c) Automatic power generator minimum capacity 250 kVA				
TOTAL	/62			

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SECTION E: PERSONNEL <i>(Does the facility have the following personnel?)</i>				
	YES	PARTIAL	NO	REMARKS
1. Medical officers (14) one for every ten inpatient beds				
2. Anaesthesiologist (2)				
3. Cardiologists (1)				
4. General surgeons (at least 2)				
5. Orthopaedic surgeons (at least 1)				
6. Cardiothoracic surgeon (1)				
7. Critical care specialist (1)				
8. ENT surgeons (2)				
9. Physicians (at least 2)				
10. Obstetricians/ gynaecologists (at least 2)				
11. Palliative care specialists (1)				
12. Nephrologist (at least 1)				
13. Plastic and reconstructive surgeon (1)				
14. Neurosurgeons (1)				
15. Oncologists (1)				
16. Ophthalmologist (2)				

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17. Dermatologists (at least 1)				
18. Paediatrician (at least 2)				
19. Pathologists (at least 1)				
20. Psychiatrists (at least 1)				
21. Radiologists (at least 1)				
22. Public health specialists (at least 1)				
23. Urologists (at least 1)				
24. General and specialized clinical officers (20) including.				
25. Nurses (at least 100 of different cadres including);				
a) Ophthalmic nurses				
b) Paediatric nurses				
c) Palliative care nurses				
d) Psychiatric nurses				
e) Registered midwives				
f) Theatre/perioperative nurses				
g) Anaesthetic nurses				
h) Accident and emergency nurses				
i) Oncology nurses				
j) Critical care nurses				
26. Sign language staff (3 staff of any cadre)				
27. Pharmacists (at least 3)				
28. Clinical pharmacists (1)				
29. Oncology pharmacists (1)				
30. Pharmaceutical technologist (10)				
31. Orthopaedic trauma				



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technician/technologists (6)				
32. Orthopaedic technologists (6)				
33. Physiotherapists (6)				
34. Speech therapist (at least 2)				
35. Occupational therapists (6)				
36. Clinical psychologists (1)				
37. Dental officers (at least 3)				
38. Oral and Maxillofacial surgeon (1)				
39. Paediatric dentists (1)				
40. Orthodontists (1)				
41. Dental technologists (3)				
42. Radiographer (7)				
43. Sonographer (2)				
44. Mammographer (2)				
45. CT scan or MRI radiographer (2)				
46. Dental radiographer (2)				
47. Therapy radiographer (2, mandatory if the facility is offering radiotherapy)				
48. Nuclear medicine technologists 2, mandatory if the facility is offering radiotherapy)				
49. Radiation monitoring and safety officer (1)				
50. Medical social workers (8)				
51. Thirty laboratory technologists of different cadres				
52. Medical superintendent/Medical Director (1)				
53. Health administrative officers (at least 1)				



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54. Clerks (12)				
55. Office administrators (2)				
56. Accountants (2)				
57. Account assistants (at least 2)				
58. Supply chain officers (4)				
59. Supply chain Assistants (6)				
60. Health records information management officers (10)				
61. ICT officers (4)				
62. Medical engineer (1)				
63. Medical engineering technologists/ technicians (4)				
64. Nutrition and dietetic officer (2)				
65. Nutrition and dietetic technologists/technicians (6)				
66. Caterers (2)				
67. Public health officers (4)				
68. Cooks (at least 10)				
69. Drivers (8)				
70. Support staff (at least 30, to be determined by institution's capacity)				
71. Mortician (2)				
72. Mortuary attendants (at least 6)				
73. Security officers (at least 20)				
TOTAL:				/164

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SECTION F: DOCUMENTATION				
Does the medical clinic have the following documentation? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. Valid Registration and Licenses Displayed (Mandatory):				
a) Kenya Medical Practitioners and Dentists Council				
b) Pharmacy and Poisons Board				
c) Kenya Medical Laboratory Technicians and Technologists Board				
d) Kenya Nuclear Regulatory Authority				
e) Others (Specify):				
2. Valid registration and licence for the health professional(s) seen (mandatory)				
3. Personnel files				
4. Use of the standard WHO death reporting form?				
5. Hospital staff training in correct Medical Certification of Cause of Death?				
6. Standard Operating Procedures on:				
a) Emergency/ referral protocols				
b) Infection prevention and control				
c) Waste management				
d) Hygiene protocols (hand washing				



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protocols)				
e) Cleaning protocols (requires evidence of a cleaning roster)				
f) SOPs for all the service delivery areas				
g) Fire control Mechanism (Fire extinguisher/ sand buckets, firefighting protocols)				
7. Valid contracts for any outsourced services e.g. waste management, hygiene, security, etc				
8. Disaster management preparedness policy				
9. Quality Improvement Policy				
Total				/36

SCORE SUMMARY

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. (A ÷ B) × 100%
1.	Mandatory		36	
2.	Services Offered		64	
3.	Infrastructure		62	
4.	Personnel		164	
5.	Documentation		36	
	Total score (C)			=
	Average percentage i.e. (C÷5)			

COMPLIANCE CATEGORIES AND ACTION:

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Facility score (% of the total score)	Compliance Category	Action
81% and above	Compliant	Facility eligible for registration/ upgrade. Re-inspect in a year
71 – 80%	Fairly Compliant	Facility is eligible for registration/upgrade. Inspect in 6 months
51- 70%	Partially Compliant	Facility is eligible for registration/upgrade. Inspect in 4 months
50 and Below	Non-Compliant	Facility not suitable for upgrade. Re assess with the suitable level checklist

FINDINGS AND RECOMMENDATIONS
Key findings
Recommendations



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SIGN OFF:

Registered facility owner/ in-charge /Administrator		
Name:		Designation:
Qualifications:		Regulatory body:
Registration no.:		License No:
Phone number:		E-mail:
Date:		Signature:

INSPECTION TEAM		
Name	Organization	Signature
1.		
2.		
3.		
4.		
5.		

Date of inspection Time



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